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DREF final report

Uganda: Ebola Outbreak

 International Federation
of Red Cross and Red Crescent Societies

DREF operation n° MDRUG031
GLIDE n° EP-2012-000195-UGA
Final Report
10 June 2013

The International Federation of Red Cross and Red Crescent (IFRC) Disaster Relief Emergency Fund (DREF) is a source of un-earmarked money created by the Federation in 1985 to ensure that immediate financial support is available for Red Cross and Red Crescent emergency response. The DREF is a vital part of the International Federation's disaster response system and increases the ability of National Societies to respond to disasters.

CHF 122,546 was allocated from the IFRC's Disaster Relief Emergency Fund (DREF) to support the Uganda Red Cross Society in delivering immediate assistance directly to 100 households affected by Ebola (585 affected people) and 3,628,390 people indirectly. Unearmarked funds to repay DREF are encouraged.



Volunteers worked closely with the district technical psychosocial support team as they handed over discharge packages to the affected families. Photos: URCS

Summary: An outbreak of Ebola hemorrhagic fever was confirmed in Luwero district after tests from Uganda Virus Research Institute came positive for Ebola Sudan on two samples collected by PCR and serology. A DREF was launched in response to the outbreak on 19 November to provide financial support to Uganda Red Cross Society to respond through house to house health promotion campaigns, psychosocial services delivery, media campaign, and Information Education Communication (IEC) materials in Luwero, Nakaseke, Nakasongola, Wakiso and Kampala districts for three months.

At the onset of the outbreak declaration, URCS's Luwero Branch conducted a joint assessment with the District Health Office, Ministry of Health and WHO and highlighted the magnitude of the emergency and guided the disease control actions.

All the URCS affected branches collectively mobilized 150 volunteers, who have been engaged in the communities for the outbreak control activities and psychosocial support. The URCS headquarters, regional health and MOH officials supported the training of URCS volunteers in ECV for community control activities in Luwero.

A total of 150 community-based volunteers were involved in intensive health education and promotion campaigns at household levels to improve on community knowledge of the symptoms and signs of the disease, as well as the procedure to follow for protecting the household members and ensure appropriate referral of suspected cases. Contacts of all suspected and confirmed cases have been followed up by the volunteers on a daily basis to monitor the development of symptoms for the mandatory 21 days of follow up, and those who developed symptoms were immediately referred.

Information, education and communication materials for community education and sensitization were translated and updated by the social mobilization subcommittee of the national task force. These materials were produced and distributed to support volunteers during social mobilization. In order to reduce risk of wide transmission of the epidemic, the mass media and other forms of culturally acceptable and context-specific IEC campaigns were also employed to promote a wide knowledge and awareness about the disease, its risks of transmission, actions to take for suspected cases, and preventive measures. Luwero district and surrounding areas was the target for this intervention

This operation was extended for one month up to end of March 2013 to allow for the lessons learnt and evaluation of the epidemic responses to be carried out. The evaluation has been conducted and lessons learned and or key recommendations are being finalized by IFRC's East Africa regional health coordinator's team for sharing in the near future.

All activities planned were carried out. There remains a small balance of CHF 5,549 which will be returned to DREF.

The Netherlands Red Cross/ Netherlands government and Belgian Red Cross/ Belgian government contributed towards the replenishment of the DREF allocated for this operation. The major donors and partners of DREF include the Australian, American and Belgian governments, the Austrian Red Cross, the Canadian Red Cross and government, Danish Red Cross and government, the European Commission Humanitarian Aid and Civil Protection (ECHO), the Irish and the Italian governments, the Japanese Red Cross Society, the Luxembourg government, the Monaco Red Cross and government, the Netherlands Red Cross and government, the Norwegian Red Cross and government, the Spanish Government, the Swedish Red Cross and government, the United Kingdom Department for International Development (DFID), the Medtronic and Z Zurich Foundations, and other corporate and private donors.

The IFRC, on behalf of the Uganda Red Cross Society, would like to extend its thanks to all partners for their generous contributions.

Details of all donors can be found on :http://www.ifrc.org/docs/appeals/Active/MAA00010_2012.pdf

[<click here for the final financial report, or here to view contact details>](#)

The situation

Ebola epidemic in Luwero district started as a cluster of deaths due to a strange illness in Kakute village, Nyimbwa sub – county. Nyimbwa Health Centre IV reported the health situation to the district Health Officer (DHO) of Luwero District on 7 November 2012. Two blood samples collected from the initial cases eventually tested positive for Sudan Ebola virus (SEBOV) at Uganda Virus Research Institute (UVRI) on 13 November 2012. To that effect, the MOH declared an outbreak of Ebola in Luwero on 14 November 2012. The index case in this outbreak was a 30 year old male, motorcycle taxi (“Boda- boda”) rider, in Bombo Town Council who fell sick on the 13 October 2012 and later died on 23 October 2012.

Between 7 November 2012 and 4 January 2013, a total of 7 probable/ confirmed cases were reported including 4 deaths (CFR of 57.1 percent). Of the 7 probable/confirmed cases, 6 were confirmed positive by PCR or antibodies (IgM/IgG). Up to 18 suspected cases admitted to the Ebola isolation facilities in Nyimbwa HC III, Bombo military hospital and Mulago Hospital tested negative for Ebola and were accordingly classified as non-cases according to the Ministry of Health Epidemiology and surveillance unit.

A total of 122 contacts were identified and followed up for the mandatory 21 days. The last confirmed case was discharged from the isolation facility on 26 November 2012. Subsequently, the Ministry of Health officially declared the end of the Ebola epidemic in Luwero on 16 January 2013.

Coordination and partnerships

During the period of the Ebola outbreak in Luwero, the District Ebola Hemorrhagic Fever task force and National Epidemic Response coordination meetings were held regularly to coordinate and share updates with partners and stakeholders. URCS was well represented in all the coordination mechanism both at the district and national level, which is facilitated by Ministry of Health headquarters and the district leadership.

URCS has been the lead agency in the districts in social mobilization for communities against the Ebola outbreak and a permanent member of the national social mobilization steering committee. URCS played an active role in community surveillance and Pschyco Social Support (PSS) sub-committee too and supported the tracing, follow-up and referral of suspected cases.

Table 1: Summary of partners support to the outbreak response in line with their core programme areas in affected district in order to facilitate effective resource and coordinated interventions

Operational Working Groups	Technical	
Sector		Lead Agency
Coordination and resource mobilization		<ul style="list-style-type: none"> District Health Officer (DHO)/Respective stakeholder NGOs Provides coordination of partners and mobilization of resource for response as well as enacting and enforcing Public Health by-laws that promotes good community practices against Ebola.
Case management		<ul style="list-style-type: none"> DHO/MSF/WHO Established Ebola Hemorrhagic Fever (EHF) Treatment Centers in Nyimbwa health centre and Mulago National referral hospital that provided treatment of cases
Logistics management		<ul style="list-style-type: none"> DHO/Respective stakeholder NGOs
Community surveillance		<ul style="list-style-type: none"> DHO/ District Education Officer (DEO), URCS For effective management of all suspected cases and community health surveillance
Social mobilization, Information and Education Communications (IEC)		<ul style="list-style-type: none"> District Health Educator (DHE) and URCS/AMREF, PLAN and Respective stakeholder NGOs for effective management of all community mobilization and health promotion campaigns
Burial team/Security and Safety		<ul style="list-style-type: none"> District Internal Security Officer for management of all community burial during the period of the outbreak.

The Ministry of Health (MoH) and the District Health Team (DHT) lead the response, while WHO and other Humanitarian Agencies such as United National Children's Fund (UNICEF), Uganda Red Cross Society (URCS), Mediciens San Frontiers (MSF), World Vision Uganda (WVU), AMREF, PLAN Uganda, AFINET and local NGOs supported the district epidemic response.

The district and sub-county authorities enforced by-laws; such as preventing mass gathering in markets and funerals, which would have aided the spread of the disease. Those not abiding to the by-laws were penalized accordingly.

Red Cross and Red Crescent action

Relief distributions (basic non-food items)

Outcome: 100 families affected by cases of Ebola are identified in a timely manner and provided with essential items support to re-build their livelihoods.	
Outputs (expected results)	Activities planned
<ul style="list-style-type: none"> Affected families supported with essential basic household items 	Procure and distribute essential household items to 100 affected families whose property has been destroyed. Each kit will contain the following: 3 blankets, 2 Jerry cans, 3 bars of soap (1,000 grams each) 5 cups, 5 plates, 2 mosquito nets, 2 cooking pots, 2 tarpaulins. In addition one sponge mattress will be provided to

support the 100 affected families

Impact: During the development of the operations plan, it was envisaged that 100 families be identified in a timely manner and provide them with essential items to re-build their livelihoods after affected families properties would have been destroyed as a result of being affected with Ebola.

By the end of this operation however, as part of the psycho social support package, the programme handed over 40 kit assortments of NFI items for distribution to the registered affected families in Luwero and Kampala to Kampala district to complement the discharge package prepared for the Ebola suspected cases and families who were targeted as direct beneficiaries. However, there were fewer families registered compared to what had been projected when the emergency response plan was developed. The most likely reason for this is that the outbreak was controlled effectively and only 40 families were registered as having directly been affected.

The balance of 60 NFI's kits have been incorporate into the disaster management emergency contingency stocks in preparedness for any other future disasters. There was a slight overspend on the procurement of NFIs due to the fluctuating costs of some items.

Table 2: Summary of distributions in response to Ebola outbreak in Luwero as of 16 January 2013

District	H/H	HH POPN	Tarps	C/Pots	Cups	Plates	Basins	Blankets	Jerry cans	Bars of Washing	M/ Nets	Mattresses	Jik bottles (chlorine)
Procured	100 (kits)	530	200	200	500	500	100	300	100	300	200	100	8,000
Distributed													
Luwero	30	160	60	60	150	150	30	90	30	90	60	30	6,000
Kampala	10	35	20	20	50	50	10	30	10	30	20	10	2,000
Total	40	195	80	80	200	200	40	120	40	120	80	40	8,000
Balance	60	335	120	120	300	300	60	180	60	180	120	60	0

Emergency health and care

Outcome: The health risks of the emergency on the affected population is reduced through the provision of preventive, and community-level supportive services to 100 families (585 beneficiaries) in Luwero and the 4 other affected district for three months.

Outputs (expected results)	Activities planned
<ul style="list-style-type: none"> Further mortality and morbidity of 585 beneficiaries as a result of (the emergency) are prevented through a primary health care oriented programme. 	<ul style="list-style-type: none"> Provide referral services for affected communities through 150 volunteers in the coming three months. Distribute 8,000 bottles of chlorine supplies to 100 families of 585 beneficiaries within three months. Reorient 150 volunteers on communicable disease surveillance in coordination with MoH and District Health Offices using IFRC ECV tools. Support surveillance outreach activities for Ebola in the affected area by follow-up on a daily basis anticipated 100 contacts of suspected/confirmed cases of Ebola for 21 days each to monitor development of symptoms.
<ul style="list-style-type: none"> The resilience of the community is improved through better health awareness, knowledge and behaviour. 	<ul style="list-style-type: none"> Reorient 150 community-based volunteers on health promotion. Initiate a health promotion campaign within the affected population focusing on Ebola control messages targeting 3,628,390 of people in 5 affected districts. Distribute 8,000 bottles of chlorine solution for house hold decontamination Provide 48,000 posters and brochures to be used in the health promotion campaign.

	<ul style="list-style-type: none"> • These activities will be implemented using CBHFA approach as 'vehicle' for the health promotion activities to enhance sustainability.
<ul style="list-style-type: none"> • Psycho-social support is provided to 100 households with 585 people and 110 staff/volunteers of the 5 RC branches affected. 	<ul style="list-style-type: none"> • Provide Psychological Support to 110 staff and volunteers of the 5 RC branches engaged in emergency response. • Re orient 20 staff and volunteers of the 5 RC branches on PSP programmes. • Provide Psycho-Social Support to 585 people affected by the emergency.

Impact: A total of 150 volunteers were trained and/or re-oriented on communicable disease surveillance in coordination with MoH and District Health Offices using IFRC ECV tools. URCS deployed these 150 volunteers to over 1,500 villages and reached 135,265 households (42.3% of the targeted households). Through them, a total of 716,920 community members have been reached through door-to-door active case search by the URCS volunteers. There was an overspend on the training for volunteers on communicable disease surveillance, as instead of a one-day refresher training that was planned and budgeted for, the National Society had to organize a full three-day training and orientation instead, as a number of volunteers who were trained in the 2011 cholera response operation had moved on.

The volunteers have also provided referral services to affected communities and managed to refer 9 suspected cases. Surveillance outreach activities for Ebola in the affected area were done daily with follow up on 121 contacts of suspected/confirmed cases of Ebola for 21 days for each person, to monitor development of symptoms. These activities have been made possible through technical support from the district Ebola task force health teams who oriented the volunteers on Ebola and ECV tools.

In order to improve the community resilience, URCS embarked on increased health awareness, knowledge and behaviour change sensitizations. Consequently, 38,000 posters and 50,000 brochures were procured and distributed to support health promotion campaigns during the response. The Community Based Health First Aid (CBHFA) approach was used in the health promotion activities by using community based volunteers to enhance sustainability of the programme.

URCS through the community based volunteers distributed 8,000 bottles of chlorine supplies to the affected families and households in the affected communities.

Together with the district social mobilization task force and health education office, the branches conducted social mobilization campaigns by holding public awareness meetings with local leaders in Luwero municipality and other affected districts, covering all the affected areas in the districts. Four public gathering meetings were held reaching an estimate of about 6,000 people. With the strong surveillance and the intensive Red Cross social mobilization, the admissions of new Ebola cases reduced considerably until no new confirmed admissions was reported to the isolation facility in Nyimbwa health centre and Mulago hospital. Intensive field work in the target communities by the volunteers led to improved awareness on how to prevent the transmission chain hence a reduction in the incidences of the EHF cases were noted. Luwero was declaration Ebola free by 16 January 2013.

URCS supported two radio talk shows with cholera prevention information and messages involving key political leaders in Luwero district which provided a good opportunity for them to deliver important key messages focusing on prevention of the Ebola epidemic. The radio shows are estimated to have reached around 380,000 people. While a small budget was allocated for this action, the funds were unspent as the radio stations offered their airtime for free to the National Society as a part of their corporate social responsibility programme.

The collaboration with the district authorities has facilitated the operation through the availability of the district technical staff for the operation. The recognition of the issues and engagement by the government enables an effective response.

Psychological support was provided to 152 staff and volunteers engaged in the emergency response. URCS re-oriented 40 staff and volunteers on PSP programmes and psychosocial support provided to 140 people affected by the emergency. URCS volunteers followed up on 121 people through house-to-house contact tracing and another 13 people discharged from hospitals and their family members.

The National Society supplied 60 personal protective equipment and 6,213 bottles of bleach to Luwero, Nakasongola, Wakiso, Nakaseke and Kampala branches respectively to support the case management team and volunteers with their work.

Table 3: Summary of social mobilization activities conducted

Branch	Target households	Number of households visited	Volunteers deployed		Number of people reached
			M	F	
Luwero	82,407	31,023	26	14	164,422
Kampala Central	29,900	16,921	5	5	89,681
Kampala East	34,600	16,724	6	4	88,637
Kampala South	34,600	9,341	7	3	49,507
Kampala West	34,600	5,421	5	5	28,731
Kampala North	34,600	7,942	7	3	42,093
Wakiso	29,600	16,123	6	4	85,452
Nakaseke	28,500	21,136	12	8	112,021
Nakasongola	8,500	5,916	11	9	31,355
Mukono	2,000	4,721	6	4	25,021
Total	320,000	135,268	91	59	716,920
			150		

Communications – Advocacy and Public information

URCS produced and disseminated context-specific Information, Education and Communication materials including 38,000 Ebola posters, 50,000 Ebola leaflets and 150 T-shirts (others translated in Luganda)

A total of two media campaign radio talk shows and 200 radio spots with messages on Ebola were conducted on radios in Luwero and 1 field media visit to Luwero branch organized to highlight the community work URCS did to overcome Ebola through the volunteer efforts. Uganda Red Cross Public Relations department submitted the documentation for competition in the highly acclaimed Public relations association of Uganda (PRAU) awards for best not for profit Organization and URCS won the Best Website (www.redcrossug.org) award and Best Not for Profit PR campaign for utilizing alternative media to combat the deadly Ebola fever in the country in 2012.

The review of the operation is planned to be used as communication material in regards to Ebola response and URCS experience in these kinds of operations.

End of operation evaluation:

URCS with technical support from the IFRC regional office in Nairobi successfully conducted a monitoring exercise on the Ebola response operation with the full participation of the field teams and reviewed the entire operation. The objectives of the evaluation included:

- Review current operating procedures of URCS' epidemic response including the roles and responsibilities of URCS in relation to MoH, WHO and other partners as well as internal structures for coordination and integrations of activities across departments.
- Review the operational effectiveness and accountability of the response against planned outcomes and the use of DREF funds against proposed activities
- Evaluate the response of URCS to epidemics, against the needs of beneficiaries and communities focused on the areas of most 'added value' of the URCS; community engagement mobilization and support., documenting any unintended outcomes and best practice related to the operation.

The lessons learnt/key recommendations against these set out objectives are being finalized by IFRC Nairobi health coordinator's team for sharing in the near future.



The Kibaale branch manager during interview with IFRC team of evaluators' .Photo/URCS



A group of volunteers during a focus group discussion in Kibaale during the evaluation. Photo/URCS.

Challenges:

- Strong cultural beliefs and misconception in some communities played a big hindrance in the fight against Ebola as some people believed these were diseases brought about by witchcraft.
- Volunteers who following suspected cases in families found it extremely difficult following up individual contacts as most of them lacked food which they could not provide as they made follow up in the community.
- Some volunteers faced rejection from their own family members who feared contracting the disease from them since they thought by the volunteers working in the Ebola operation, they would contract it and pass it on to them.
- In Kampala and Wakiso town council people showed limited interest in participating in Ebola sensitization. The awareness campaigns were undertaken during the period closing up towards Christmas holidays, which also influenced negatively on participation from people.
- The fatigue related to the series of outbreaks led to some people believing that the response is fraudulent.
- The series of outbreaks this year has further stretched the health team's human resources.

Lessons learned from the response operation include:

- Strong coordination and partnerships are important in delivering success in instances of disease outbreaks and that these need to be developed much earlier as part of preparedness plans.
- The Epidemic Control training for volunteers was very useful as it equipped them with knowledge and skills on how to work in communities while sensitizing them about Marburg.
- Psychosocial support training for volunteers and support for the volunteers and family members is very important as it has been realised that some volunteers face rejection from their family members for participating in this noble campaign out of fear that they might take the disease to their families.
- The affected families and communities were appreciative for the care and education given by the Red Cross volunteers about Marburg. Psychosocial support home visits are vital during disaster outbreaks especially where lives and property have been lost. It helps to comfort and bring hope to the affected family members. This should whenever possible be part of the interventions for health and other emergencies.
- Coordination during disasters leads to success. The District Marburg Task Force that consisted of 6 Sub-Committees worked as a team to see that Ebola is wiped out in Luwero. These Sub-Committees comprised of members from different stakeholders, Red Cross inclusive.
- Food aid is a vital component of the Ebola response especially for the affected families who are restricted from an unnecessary movement and others who face stigma from the community. URCS should therefore in future plan to support affected families not only with NFI's but also with food items as it was noted by the volunteers following suspected cases in families that it is usually difficult for affected families to access food as the message is that during that period of follow up they should minimize contact and as a result remain indoors with limited access to food. In addition people tend to stigmatise and resist them when they try to move in the communities.

Contact information

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How we work

All IFRC assistance seeks to adhere to the Code of Conduct for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations (NGOs) in Disaster Relief and the Humanitarian Charter and Minimum Standards in Disaster Response (Sphere) in delivering assistance to the most vulnerable.

The IFRC's vision is to inspire, encourage, facilitate and promote at all times all forms of humanitarian activities by National Societies, with a view to preventing and alleviating human suffering, and thereby contributing to the maintenance and promotion of human dignity and peace in the world.

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The IFRC's work is guided by Strategy 2020 which puts forward three strategic aims:

1. Save lives, protect livelihoods, and strengthen recovery from disaster and crises.
2. Enable healthy and safe living.
3. Promote social inclusion and a culture of non-violence and peace.

Disaster Response Financial Report

MDRUG031 - Uganda - Ebola

Timeframe: 22 Nov 12 to 22 Mar 13

Appeal Launch Date: 22 Nov 12

Final Report

Selected Parameters

Reporting Timeframe	2012/11-2013/4	Programme	MDRUG031
Budget Timeframe	2012/11-2013/3	Budget	APPROVED
		Project	*

All figures are in Swiss Francs (CHF)

I. Funding

	Raise humanitarian standards	Grow RC/RC services for vulnerable people	Strengthen RC/RC contribution to development	Heighten influence and support for RC/RC work	Joint working and accountability	TOTAL	Deferred Income
A. Budget		122,546				122,546	
B. Opening Balance		0				0	
Income							
<u>Other Income</u>							
<i>DREF Allocations</i>		122,546				122,546	
C4. Other Income		122,546				122,546	
C. Total Income = SUM(C1..C4)		122,546				122,546	
D. Total Funding = B + C		122,546				122,546	

II. Movement of Funds

	Raise humanitarian standards	Grow RC/RC services for vulnerable people	Strengthen RC/RC contribution to development	Heighten influence and support for RC/RC work	Joint working and accountability	TOTAL	Deferred Income
B. Opening Balance		0				0	
C. Income		122,546				122,546	
E. Expenditure		-116,997				-116,997	
F. Closing Balance = (B + C + E)		5,549				5,549	

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III. Expenditure

Account Groups	Budget	Expenditure					TOTAL	Variance
		Raise humanitarian standards	Grow RC/RC services for vulnerable people	Strengthen RC/RC contribution to development	Heighten influence and support for RC/RC work	Joint working and accountability		
	A					B	A - B	
BUDGET (C)			122,546			122,546		
Relief items, Construction, Supplies								
Clothing & Textiles	13,655						13,655	
Medical & First Aid	17,373						17,373	
Teaching Materials	22,491						22,491	
Utensils & Tools	5,003						5,003	
Total Relief items, Construction, Sup	58,522						58,522	
Logistics, Transport & Storage								
Transport & Vehicles Costs	3,945						3,945	
Total Logistics, Transport & Storage	3,945						3,945	
Personnel								
International Staff			231			231	-231	
National Society Staff	2,820						2,820	
Volunteers	12,821						12,821	
Total Personnel	15,641		231			231	15,410	
Consultants & Professional Fees								
Consultants	7,924		9,985			9,985	-2,061	
Total Consultants & Professional Fees	7,924		9,985			9,985	-2,061	
Workshops & Training								
Workshops & Training	15,422		604			604	14,819	
Total Workshops & Training	15,422		604			604	14,819	
General Expenditure								
Travel	10,380		7,209			7,209	3,171	
Information & Public Relations	2,015						2,015	
Office Costs	417		305			305	112	
Communications	695						695	
Financial Charges	104						104	
Total General Expenditure	13,611		7,514			7,514	6,097	
Contributions & Transfers								
Cash Transfers National Societies			91,522			91,522	-91,522	
Total Contributions & Transfers			91,522			91,522	-91,522	
Indirect Costs								
Programme & Services Support Recover	7,479		7,141			7,141	339	
Total Indirect Costs	7,479		7,141			7,141	339	
TOTAL EXPENDITURE (D)	122,546		116,997			116,997	5,549	
VARIANCE (C - D)			5,549			5,549		

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		Project	*

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IV. Breakdown by subsector

Business Line / Sub-sector	Budget	Opening Balance	Income	Funding	Expenditure	Closing Balance	Deferred Income
BL2 - Grow RC/RC services for vulnerable people							
Disaster response	122,546	0	122,546	122,546	116,997	5,549	
Subtotal BL2	122,546	0	122,546	122,546	116,997	5,549	
GRAND TOTAL	122,546	0	122,546	122,546	116,997	5,549	

UGANDA RED CROSS SOCIETY

Project title		EBOLA HEMORRHAGIC FEVER OUTBREAK DREF Operation								
Project reference number		MDRUG031								
Project beneficiary		Refer to table on the project narrative.								
Implementation period		November 2012 to February 2013								
BUDGET										
Program costs								2533.38		
code	Description	Unit cost	Unit	Quantity	Frequency	Total	Amount in CHF	Expenses CHF	Variance CHF	Percentage Variance in shillings
1 Mobilize and Re orient 200 URCS volunteers in Epidemic Control for Volunteers (ECV) toolkit on Ebola control										
680	Training venues	60,000	hall/day	5	1	300,000	104	118.42	14	100
680	Participants' out of pocket allowances	5,000	persons/day	200	1	1,000,000	347	532.88	185	135
550	Assorted stationery for teaching	3,000	persons/day	200	1	600,000	208	284.21	76	120
680	Facilitators' allowances	80,000	persons/day	10	1	800,000	278	94.74	-183	30
680	Feeding, refreshments & accomodation (fullboard)	60,000	persons/day	200	1	12,000,000	4,170	6,394.62	2,225	135
680	Participants' transport refund	5,000	persons/trip	200	2	2,000,000	695	355.26	-340	45
	Sub-total					16,700,000	5,803	7,780	1,977	118
2 End of response Lessons learned workshop										
680	Feeding and accomodation	60,000	persons per day	40	2	4,800,000	1,668	749.99	-918	40
680	Venue	60,000	hall/day	1	2	120,000	42	-	-42	-
550	Assorted stationery for teaching and learning notes	3,000	persons per day	40	2	240,000	83	-	-83	-
680	Perdiem Program managers	80,000	persons per day	3	2	480,000	167	-	-167	-
680	Out of pocket	5,000	persons per day	40	2	400,000	139	-	-139	-
680	Transport refund	20,000	persons per day	20	2	800,000	278	1,296.19	1,018	410
	Sub total					6,840,000	2,377	1,801	(330)	76
3 Train 40 volunteers in Psycho social support										
680	Feeding and accomodation	60,000	persons per day	40	2	4,800,000	1,668	1,894.70	227	100
680	Venue	60,000	hall/day	1	2	120,000	42	78.95	37	167
550	Assorted stationery for teaching	3,000	persons per day	40	2	240,000	83	189.47	106	200
680	Facilitator's allowances	80,000	persons per day	3	2	480,000	167	157.89	-9	83
680	Out of pocket	5,000	persons per day	40	2	400,000	139	315.78	177	200
680	Transport refund	10,000	persons per day	40	2	800,000	278	63.16	-215	20
	Sub total					6,840,000	2,377	2,700	323	100
4 Procure psycho social support kits for survivors and bereaved families										
510	NFI kits(3 blankets, 2 Jerry cans, 3 bars of soap (1,000 grams each) 5 cups, 5 plates, 2 mosquito nets, 2 cooking pots, 2 tarpaulin)	100	kits	295,000	1	29,500,000	10,250	13,716.85	3,467	118
510	Matreses	100	Pieces	98,000	1	9,800,000	3,405	3,434.15	29	89
	Sub-total					39,300,000	13,655	17,151	3,496	111
5 Stock-pile medical supplies for effective management of Ebola cases by volunteers and staff										
540	Procure 500ml Jik chlorine bottles for community house hold diinfection	5,000	bottles	8,000	1	40,000,000	13,899	15,789.18	1,891	100
540	Procure PPEs for volunteers and medical personnel	100,000	kits	100	1	10,000,000	3,475	-	-3,475	-
	Sub-total					50,000,000	17,373	15,789	- 1,584	80
6 Produce and disseminate IEC messages & materials in the affected and neighbouring at risk districts										
550	Posters (with Ebola prevention and control message translated in Luganda local language)	900	pieces	38,500	1	34,650,000	12,040	12,157.67	118	89
550	Brochures (with basic facts about Ebola disease translated in Luganda local language)	500	pieces	50,000	1	25,000,000	8,687	8,289.32	-397	84
550	T-shirts (Ebola preventing messages)	15,000	pieces	150	1	2,250,000	782	888.14	106	100
560	Red Cross Jackets for identity during community activities	30,000	pieces	150	1	4,500,000	1,564	1,421.03	-143	80
560	Raincoats for support during community activities	20,000	pieces	150	1	3,000,000	1,042	-	-1,042	-
560	Rubber boots for community activities during this rainy period	30,000	pairs	150	1	4,500,000	1,564	2,960.47	1,397	167

550	Reproduction, lamination & distribution of ECV toolkits (Ebola disease tool, related community message tool & volunteer action tools)	10,000	set	150	1	1,500,000						
							521	-	-521	-		
	Sub-total					75,400,000	26,199	25,717	- 482	86		
7	Conduct media campaigns for promotion of public awareness about Ebola heamorrhagic Fever disease (8 radio talk shows & 120 radio spots)											
710	Radio spots/DJ mentions	20,000	spot/30 sec	10	20	4,000,000	1,390	-	-1,390	-		
710	Radio talk shows	600,000	show/hour	1	3	1,800,000	625	-	-625	-		
	Sub-total					5,800,000	2,015	-	- 2,015	-		
8	Conduct household health promotion activities in affected villages by use of ECV toolkits											
667	Volunteers' lunch during door to door activities and community surveillance	7,500	persons/day	150	30	33,750,000	11,727	8,966.28	-2,761	67		
667	Incentives for volunteers doing psycho social support	7,500	person/day	20	21	3,150,000	1,095	1,243.40	149	100		
593	Motorcycle fuel for supervision of community activities	4,000	litre of petrol/day	12	21	1,008,000	350	-	-350	-		
	Sub-total					37,908,000	13,172	10,210	- 2,962	68		
9	Facilitating community based Mobilization & referral of Ebola cases by VHTs/volunteers											
560	Megaphones batteries for daily mobilization activities (to facilitate CBVs in quick mobilization & referral as well as dissemination of Ebola prevention message to facilitate health education activities & RC identities)	30,000	set	80	1	2,400,000	834	-	-834	-		
	Sub-total					2,400,000	834	-	- 834	-		
10	Support district & national coordination meetings to facilitate affective & accelerated outbreak control activities											
662	Refreshments	10,000.00	persons/day	20	5	1,000,000	347	418.41	71	106		
593	Mileage	2,027.00	km	50	15	1,520,250	528	420.86	-107	70		
550	Assorted stationery for field notes	5,000.00	assortment	10	5	250,000	87	-	-87	-		
	Sub-total					2,770,250	963	839	- 123	77		
11	Conduct joint inter-agency field monitoring and support supervisory visits in the affected districts and sub-counties											
662	Day allowances (DSA) for DTF members (weekly field trips)	15,000	persons/day	20	3	900,000	313	572.36	260	161		
662	Drivers' perdiem	60,000	persons/day	2	5	600,000	208	236.84	28	100		
593	Motor vehicle mileage cost	2,027	km	1000	1	2,027,000	704	-	-704	-		
	Sub-total					3,527,000	1,226	809	- 416	58		
12	Provide routine technical support to volunteers and field staff											
662	Branch Coordinators' day allowances (SDA)	15,000	persons/day	2	30	900,000	313	552.62	240	156		
662	Branch Governing Board allowances	15,000	persons/day	7	3	315,000	109	276.31	167	222		
593	Motorcycle fuel & maintenance costs	4,000	litres of petrol/day	8	30	960,000	334	-	-334	-		
	Sub-total					2,175,000	756	829	73	97		
13	Conduct field monitoring , technical support supervision & Evaluation											
662	Perdiem for technical programme staff	80,000	Days/ 3 days per round	5	5	2,000,000	695	473.68	-221	60		
662	Drivers' perdiem during field monitoring	60,000	Days	2	5	600,000	208	276.31	68	117		
700	IFRC Technical support monitoring (Geneva, Zone and Region)	25,902,000	Lumpsum	1	1	25,902,000	9,000	7,793.54	-1,206	76		
593	Mileage	2,027	km	1000	1	2,027,000	704	822.52	118	103		
	Sub-total					30,529,000	10,608	9,366	- 1,242	78		
14	Project Support Costs											
740	Communication & RC Identity cost (telephone/mobile, fax, media coverage)	1,000,000	Monthly	1	2	2,000,000	695	828.93	134	105		
662	Drivers' perdiem (vehicles from regional offices to support the field over 200km)	60,000	persons/night	1	30	1,800,000	625	473.68	-152	67		
593	Vehicle pool costs/mileage	2,027	Kms	1000	2	3,812,000	1,325	2,021.16	697	134		
730	Stationery (photocopy, tonners etc)	600,000	Lumpsum	2	1	1,200,000	417	-	-417	-		
760	Bank/Financial charges	50,000	Lumpsum/ per branch	2	3	300,000	104	51.31	-53	43		
	Sub-total					9,112,000	3,166	3,375	209	94		
	TOTAL					289,301,250	100,522	96,366	(4,844.25)	85		
599	Add IFRC Program support/PSR (6.5%)					18,515,280	6,534	-	-	-		
	GRAND TOTAL					307,816,530	107,056	96,366	(4,844)	80		